

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H53847

FILED
Jan 06, 2004
Secretary of State

Entity Name: C & C INSURANCE AGENCY, INC.

Current Principal Place of Business:

10306 S. FEDERAL HWY
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7070
PORT ST. LUCIE, FL 34985 US

New Mailing Address:

FEI Number: 59-2524628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRAN, CYNTHIA S.
3408 DOUGLAS ST
FORT PIERCE, FL 34951 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: CARRAN, CYNTHIA,
Address: 221 NE SAGAMORE TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: CARRAN, CYNTHIA,
Address: 3408 DOUGLAS STREET
City-St-Zip: FT. PIERCE, FL 34951 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA CARRAN

PVST

01/06/2004

Electronic Signature of Signing Officer or Director

Date